

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-62-001684																																																													
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER																																																													
Registration District No. 149										Primary Registration District No. 1002																																																													
Registral's No. 611																																																																							
<div> <div> <div>AMENDED</div> <div>DATE AMENDED</div> <div>AMENDMENTS ON THIS RECORD ARE AS FOLLOWS</div> <div>ITEM NO.</div> <div>SHOULD READ</div> </div> <div> <div>DOCUMENT</div> <div>INSTEAD OF</div> </div> <div> <div>BY AFFIDAVIT OF</div> <div>Hubert M. Parker</div> <div>MEDICAL CERTIFICATION</div> </div> </div>												<div> <div>1. PLACE OF DEATH</div> <div> <div>a. COUNTY</div> <div>Jackson</div> </div> </div>												<div> <div>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</div> <div> <div>a. STATE</div> <div>Missouri</div> <div>b. COUNTY</div> <div>Jackson</div> </div> </div>																																															
<div> <div>3. NAME OF DECEASED</div> <div> <div>First</div> <div>Earl</div> <div>Middle</div> <div>E.</div> <div>Last</div> <div>Goddard</div> </div> </div>												<div> <div>4. DATE OF DEATH</div> <div> <div>Month</div> <div>Feb.</div> <div>Day</div> <div>1</div> <div>Year</div> <div>1962</div> </div> </div>																																																											
<div> <div>5. SEX</div> <div>Male</div> </div>												<div> <div>6. COLOR OR RACE</div> <div>White</div> </div>												<div> <div>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/></div> <div>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></div> </div>												<div> <div>8. DATE OF BIRTH</div> <div>4-13-1908</div> </div>												<div> <div>9. AGE (last birthday)</div> <div>58</div> </div>												<div> <div>IF UNDER 1 YEAR</div> <div>Months</div> <div>Days</div> <div>Hours</div> <div>Min.</div> </div>											
<div> <div>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</div> <div>Business</div> </div>												<div> <div>10b. KIND OF BUSINESS OR INDUSTRY</div> <div>Laudromat</div> </div>												<div> <div>11. BIRTHPLACE (City and state or country)</div> <div>Bourbon County, Kan.</div> </div>												<div> <div>12. CITIZEN OF WHAT COUNTRY</div> <div>USA</div> </div>																																			
<div> <div>13a. FATHER'S NAME</div> <div>William H. Goddard</div> </div>												<div> <div>13b. MOTHER'S MAIDEN NAME</div> <div>Fredonia Wade</div> </div>												<div> <div>14. NAME OF HUSBAND OR WIFE</div> <div>Gertrude I. Goddard</div> </div>																																															
<div> <div>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</div> <div>No</div> </div>												<div> <div>16. SOCIAL SECURITY NO.</div> <div></div> </div>												<div> <div>17. INFORMANT</div> <div>Gertrude Goddard</div> </div>												<div> <div>Address</div> <div>4524 Olive, K.C.</div> </div>																																			
<div> <div>18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a))</div> <div>Aspiration Pneumonia</div> </div>												<div> <div>INTERVAL BETWEEN ONSET AND DEATH</div> <div>5 days</div> </div>																																																											
<div> <div>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</div> <div>DUE TO (b) Cerebral Infarction</div> </div>												<div> <div>3 m.c.</div> </div>																																																											
<div> <div>DUE TO (c) Hypertension &amp; Arteriosclerosis</div> </div>												<div> <div>years</div> </div>																																																											
<div> <div>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</div> <div>Lues - aed</div> </div>												<div> <div>PART III. If deceased was female was there a pregnancy in last 90 days.</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</div> </div>																																																											
<div> <div>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></div> </div>												<div> <div>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></div> </div>												<div> <div>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</div> </div>																																															
<div> <div>20c. TIME OF INJURY</div> <div>Hour a.m. p.m.</div> </div>												<div> <div>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></div> </div>												<div> <div>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</div> </div>												<div> <div>20f. CITY, TOWN, OR LOCATION</div> <div>Kansas City, Missouri</div> </div>																																			
<div> <div>21. I attended the deceased from July 1 1957 to 2-1-62 and last saw him alive on 2-1-62</div> <div>Death occurred at 11:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.</div> </div>												<div> <div>22a. SIGNATURE (Degree or title)</div> <div>Hubert M. Parker M.D.</div> </div>												<div> <div>22b. ADDRESS</div> <div>928 Argyle Bldg</div> </div>												<div> <div>22c. DATE SIGNED</div> <div>2-2-62</div> </div>																																			
<div> <div>23a. BURIAL, CREMATION, REMOVAL (Specify)</div> <div>Burial</div> </div>												<div> <div>23b. DATE</div> <div>2-3-62</div> </div>												<div> <div>23c. NAME OF CEMETERY OR CREMATORY</div> <div>Floral Hills, Inc</div> </div>												<div> <div>23d. LOCATION (City, town, or county) (State)</div> <div>Kansas City, Missouri</div> </div>																																			
<div> <div>24. FUNERAL DIRECTOR</div> <div>Floral Hills Memorial Chapels, Inc</div> </div>												<div> <div>ADDRESS</div> <div>Blue Ridge &amp; Gregory</div> </div>												<div> <div>25. DATE RECD. BY LOCAL REG.</div> <div>2-2-62</div> </div>												<div> <div>26. REGISTRAR'S SIGNATURE</div> <div>Ruth Long</div> </div>																																			

Dr. Robert Parker  
Clyde Alder  
Nov. 2-1933  
12:30-5PM

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. McJannet

Licensed Embalmer No. 3453

P. O. Address H. C. Kane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.